

COMMUNICATIONS SERVICES TAX

APPLICATION FOR REGISTRATION NUMBER

FOR DRA USE ONLY

NAME	COMMUNICATIONS TAX REGISTRATION NUMBER (FOR DRA USE ONLY)
BUSINESS NAME	
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	FEDERAL EMPLOYER IDENTIFICATION NUMBER
CITY/TOWN, STATE & ZIP CODE	NAICS CODE (North American Industry Classification System)
AGENTS NAME	AGENTS FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
CITY/TOWN, STATE & ZIP CODE	

ENTITY TYPE Check one of the following:☐ ① Proprietorship ☐ ② Corporation/Combined Group ☐ ③ Partnership ☐ ④ Fiduciary ☐ ⑤ Non-Profit OrganizationDoes your organization file as a Limited Liability Company (LLC)? Yes ☐ No ☐

Business Phone Number:	Corporate Headquarters Phone Number:
Company Phone Number:	
Date started doing business in NH?	
Principal business location in NH _____	
If a corporation, specify date of incorporation and state: Date: _____ State: _____	

Do you collect a Communications Services Tax for another retailer? Yes ☐ No ☐If yes, for whom do you collect? _____
NAME STREET CITY/TOWN STATE ZIP CODE

CHECK THE APPROPRIATE BOX OR BOXES BELOW:

- ☐ A If you will sell communications services from a location in NH at retail on which you will collect and remit all applicable taxes.
- ☐ B If you will sell communications services as a retailer with no place of business in N.H.
- ☐ C If you are a reseller and need application for resale exemption per RSA 82-A:9. A reseller is a provider who sells communications services to other registered providers for resale.

Under penalties as provided by law, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

**IF AGENT IS DESIGNATED TO FILE AND SIGN RETURNS ON BEHALF OF OFFICER
OR OWNER, YOU MUST ATTACH POWER OF ATTORNEY, FORM DP-2848:**

FOR DRA USE ONLY

SIGNATURE (IN INK) OF RETAILER (proprietor, partner or corporate officer)	DATE	SIGNATURE (IN INK) OF PREPARER	DATE
PRINT NAME & TITLE		PRINT NAME & TITLE	
ADDRESS		ADDRESS	
CITY/TOWN, STATE & ZIP CODE		CITY/TOWN, STATE & ZIP CODE	

MAIL
TO:NH DEPT OF REVENUE ADMINISTRATION
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457